

IACUC# _____

FROSTBURG STATE UNIVERSITY
Institutional Animal Care and Use Committee (IACUC)

NOTICE OF PROJECT TERMINATION

Project Director: _____

Project Title: _____

Department: _____ Telephone: _____

Project Start Date: _____ End Date: _____

I certify that this study was conducted in compliance with the protocol reviewed and approved by the IACUC on _____.

Signature, Project Director

Date

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